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Medical Consultation Training of MBBS Students in Lahore: An Outcome-Based Education Approach

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Abstract

The theoretical and practical aspects of medical education are not well aligned especially when it comes to the communication skills that are crucial for providing high-quality care. This problem is apparent in the medical schools in Lahore where students are ill-prepared for clinical encounters because theory is given more weight in the curriculum than actual communication practice. This is addressed by our study which teaches medical students communication skills using the principles of Outcome-Based Education (OBE). To guarantee that students gain vital consultation skills OBE places a strong emphasis on precise learning objectives individualized instruction and assessments that are in line with each other. Our goal is to evaluate students' opinions of the training they are receiving currently as well as their self-reported proficiency levels in relation to OBE benchmarks. In particular we investigate the perceptions of skill evaluation and training effectiveness held by students at Shalamar Medical and Dental College. Sixty students from various study years participate in focus groups and a structured questionnaire to provide quantitative and qualitative data. With variances in proficiency levels underscoring the need for consistent OBE-aligned training analysis reveals significant gaps in practical communication training. Our results highlight the significance of incorporating structured

communication training into medical curricula in order to close the knowledge gap and better equip students for clinical encounters in the real world.

Introduction:

Effective communication lies at the heart of healthcare delivery, forming the cornerstone of patient-centered practice and quality medical care. Within the complex landscape of medical consultation, the cultivation of proficient communication skills among future physicians is paramount. As healthcare providers, medical doctors bear the responsibility of fostering meaningful connections with their patients, rooted in ethical and legal considerations (Kwame & Petrucka, 2021). Effective clinical communication is paramount in the healthcare profession, influencing patient satisfaction, adherence to medical advice, and clinical outcomes. Despite its significance, communication skills are often under emphasized in medical consultation, leading to inadequate training among medical students. It is impossible to overestimate the importance of good doctor-patient communication. It has significant implications for many aspects of clinical practice including taking accurate histories making precise diagnoses and putting customized treatment plans into action (Salim et al., 2023). Patients who are stressed or anxious may have a more difficult time recovering and receiving medical care, which is why research indicates that poor communication has a detrimental influence on patient outcomes. Indeed, rather than the clinician's professional ability, communication problems are typically the source of patient complaints (Vimala et al., 2016; Bezbaruah et al., 2020).

Although medical professionals now recognize the significance of communication in their profession, their interpersonal abilities remain deficient(Kurtz et al., 2003). While medical professionals possess a theoretical understanding of the importance of communication in their field, there is often a disconnect between this knowledge and their practical application of communication skills. Studies have revealed discrepancies between clinicians' perceived and actual communication proficiency, emphasizing the pressing need for structured training programs to bridge the gap between the acquisition and practical utilization of effective communication techniques.

Medical students' opinions on their training had an impact on their interactions in clinical settings. Specialized training programs to improve the effectiveness and efficacy of their understanding of the doctor-patient relationship can even clarify teachers' opinions, conceptions, or beliefs. As a result, there is an increased requirement to master basic communication skills in clinical training modules, making teaching practices an important component of medical curricula across the world. However, there is evidence that these skills are not universally practiced by physicians. Doctors often struggle to elicit the reason for a patient's visit, gather

information, explain treatment plans, and foster patient compliance and adherence (Curtin & Trace, 2013; Berman & Chutka, 2016; Dewi et al., 2023). This research highlights how important it is to set clear learning objectives, create lesson plans that address them, and grade students based on their achievement. The principles of outcome-based education, or OBE, control it.

By matching teaching methodologies with the demands of stakeholders, OBE guarantees that medical students acquire the essential communication skills needed for clinical practice. It employs a variety of instructional and evaluation strategies meant to support students in achieving predetermined goals and advancing their aspirations in their professional and educational pursuits. By offering proof of the development of their communication skills OBE assessments help medical students by allowing for the practical demonstration of learning. Within an OBE framework predetermined benchmarks for evaluating communication skills include rapport-building and maintenance active listening language competency effective communication nonverbal communication cultural competence inter-professional communication feedback and reflection. These benchmarks direct teaching methods and evaluation procedures guaranteeing that students gain the language and communication skills required for medical practice.

Background:

In the medical field effective communication is essential. This is especially true in the context of medical education where future doctors must develop effective communication skills (Smith et al., 2019). It is difficult for Pakistani medical schools to place enough emphasis on communication instruction which could leave medical students lacking in real-world experience (Khan, 2022). As a center for medical education Lahore reflects these difficulties particularly given the regions diversity of linguistic and cultural backgrounds (Ahmed & Ali, 2018). Outcome-Based Education (OBE) is a systematic method that aligns educational practices with the demands of many stakeholders, including patients and healthcare systems, by setting educational objectives based on desired results (Jones & Brown, 2017). The OBE framework has established criteria to assess medical students' clinical communication skills competency, ensuring that they are prepared to interact with patients in a variety of healthcare settings (Johnson, 2020). Further study is needed to establish how well the Lahore medical curriculum adheres to OBE principles for clinical communication training (Kumar & Singh, 2019).

To understand clinical communication education at Shalamar Medical and Dental College in Lahore nowadays, research in this area is crucial. By comparing medical students' clinical communication skill proficiency to predetermined OBE benchmarks, assessing their attitudes toward communication training within the OBE framework, and looking into how well they believe they are able to build successful patient relationships, this study hopes to provide significant new insights. These insights may be used to develop specialized OBE based communication training programs that guarantee medical students are prepared to speak successfully in a range of healthcare situations.

Problem Statement

While medical school typically fails to fully prepare students for real-world clinical interactions, effective communication is an essential component of providing high-quality treatment. Many

medical colleges, including those in Lahore, focus insufficient emphasis on the actual application of communication skills in their courses, prioritizing academic knowledge instead. This gap between theory and experience prevents medical students from efficiently interacting with patients and others in clinical settings. Although communication skills are widely recognized as crucial in healthcare, there is a significant vacuum in medical school regarding their actual instruction. Structured communication training based on Outcome-Based Education (OBE) concepts is not fully integrated into current curricula. This shortcoming indicates that students lack the necessary tools to apply their classroom learning to real-world clinical settings. Medical students in Lahore are not adequately prepared for productive patient interactions due to the absence of structured communication training that follows OBE principles in the curriculum. Due to this deficiency OBE-aligned communication training programs must be created and put into place in order to close the knowledge gap between classroom instruction and real-world application in clinical settings.

Research Objectives

Based on the research questions, here are the research objectives:

1. Evaluate the current self-assessed proficiency level of medical consultation skills against predefined OBE benchmarks among medical students.
2. Determine the alignment of perceptions of medical students towards current medical consultation training as outlined in the OBE framework.

Research Questions

1. What is the self-assessed proficiency level of medical consultation skills among medical students at Shalamar Medical and Dental College, Lahore, as against predefined OBE benchmarks?
2. What the perceptions of medical students towards current medical consultation training are as outlined in the OBE framework?

Significance

In the field of healthcare, the study on improving clinical communication instruction for medical students in Lahore through an Outcome-Based Education (OBE) approach is extremely important. Medical students receive insufficient training because effective communication is frequently underemphasized in medical education despite the fact that it is the cornerstone of patient-centered practice and high-quality healthcare. This study evaluates the effectiveness of clinical communication instruction at Shalamar Medical and Dental College in Lahore in an effort to close this gap. A clear diagnosis an accurate history and the application of individualized treatment plans are just a few of the clinical practice aspects that are impacted by good doctor-patient communication. Furthermore, since these attitudes influence how they communicate in clinical settings it is critical to comprehend how medical students view communication training. Teachers may provide their opinions and ideas regarding the interaction between a doctor and patient in order to develop training programs that increase efficacy and relevance. This study fills a significant gap in the literature by concentrating on organized communication training treatments that bridge the knowledge gap between theory and practice, which makes it relevant and specific. By following the OBE guidelines, this study aims to provide relevant data that can

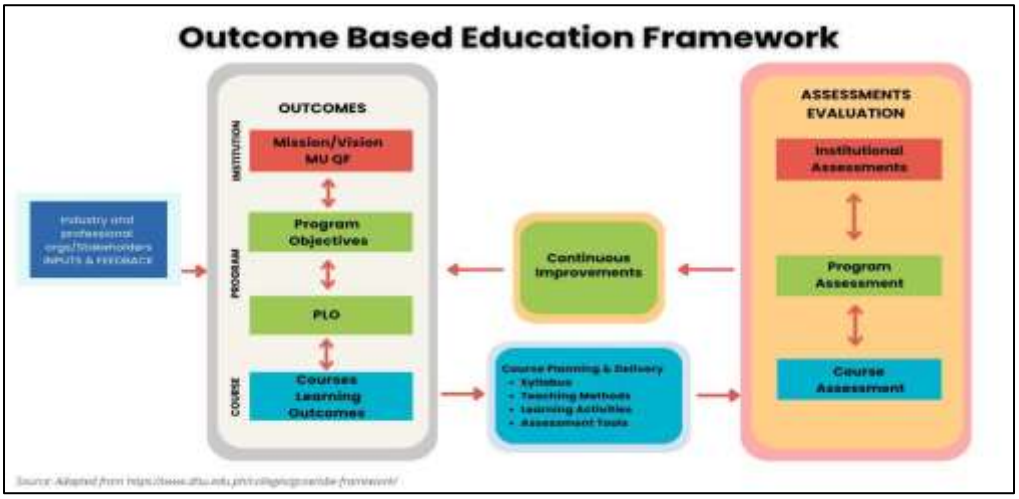
direct the development of tailored communication training programs that ensure medical students are prepared to communicate effectively in a range of healthcare settings, ultimately improving patient outcomes and raising the standard for medical care.

Methodology

Theoretical Framework

In the field of medicine, providing patient-centered care and high-quality medical treatment depends heavily on effective communication. Medical students typically receive poor training because medical school typically lays minimal emphasis on communication skills, despite their critical necessity. A framework for determining educational objectives based on intended results is provided by outcome-based education (OBE), which strongly emphasizes assisting future doctors in developing good communication skills. OBE focuses on establishing clear learning objectives, creating lesson plans to meet these objectives, and grading pupils according to how effectively they meet these objectives. The importance of communication skills as a core competency for medical students is highlighted by OBE within the context of medical education.

Among the key benchmarks for assessing medical students communication skills within an OBE framework are their ability to establish and maintain a relationship with patients demonstrate active listening skills and convey information in an understandable and compassionate way. In order to evaluate the efficacy of clinical consultation train for medical students at Shalamar Medical and Dental College in Lahore this study employed an OBE framework. For medical students receiving medical consultation training the Outcome-Based Education (OBE) paradigm offers an outcomes-focused alternative to traditional teaching



methods. A highly valued component of the OBE framework is the setting clear objectives for medical consultations creating lesson plans to help students achieve these objectives and grading students according to how well they meet predetermined criteria. With this method students are guaranteed to acquire the language skills and communication abilities needed for medical practice.

Figure 1: The model of Outcome Based Education (OBE)

Key Components of the OBE Framework

Vision & Mission

The mission and vision statements describe the trainings long-term objectives and reason for being in medical consultation. They demonstrate the dedication to creating qualified medical professionals with critical thinking and communication abilities.

Program Learning Objectives (PLOs)

PLOs specify the general behaviors knowledge and skills that graduates ought to have after finishing the program. They are created in partnership with stakeholders such as physician practitioners' academics and administrators and are consistent with the organizations vision and mission.

Program Outcomes (POs)

Specific competencies, program outcomes, or graduate attributes that students must exhibit by the end of their medical education are known as program outcomes or graduate attributes. These include:

Establishing and Maintaining Rapport: Ability to build trust and maintain professional relationships with patients.

Active Listening: Demonstrating attentive listening and responding appropriately to patient concerns.

Effective Communication: Conveying information clearly and empathetically.

Language Proficiency: Proficiency in medical terminology and language used in clinical settings.

Non-verbal Communication: Understanding and effectively using body language, facial expressions, and gestures.

Cultural Competence: Respecting and appropriately responding to cultural differences in healthcare settings.

Intraprofessional Communication: Collaborating effectively with colleagues and other healthcare professionals.

Feedback and Reflection: Providing and receiving constructive feedback and engaging in self-reflection to improve skills.

Program-Specific Outcomes (PSOs)

Specialized knowledge and skills specific to medical consultation training are the focus of PSOs. They include:

Clinical Decision-Making: Applying clinical knowledge to make informed decisions during patient consultations.

Patient Education: Effectively educating patients about their health conditions and treatment plans.

Interdisciplinary Collaboration: Working seamlessly with a multidisciplinary healthcare team to provide comprehensive care.

Course Outcomes (COs)

The precise abilities and information that students should gain throughout each course are outlined in the course outcomes. Achieving the programs overall goals depends on each course outcome. For example, a course on clinical communication might have the following outcomes:

CO-1: Demonstrate effective verbal and non-verbal communication techniques in patient interactions.
CO-2: Apply active listening skills to gather accurate patient information.
CO-3: Use medical terminology accurately in written and oral communication.
CO-4: Exhibit cultural competence during patient consultations.

Pedagogical Processes

To achieve the intended results creative curriculum design and innovative teaching techniques are crucial. These include:

- Interactive Lectures and Workshops: Engaging students through interactive sessions that focus on practical communication skills.
- Simulated Patient Interactions: Using role-playing and simulation exercises to practice and refine communication techniques.
- Feedback and Reflective Practice: Encouraging students to reflect on their performance and incorporate feedback for continuous improvement.

Assessment Procedures

In order to assess student performance and outcome achievement OBE assessment methods include both direct and indirect measures.

a. **Direct Assessment Tools**

- Written Exams and Assignments: Evaluating students' understanding of communication skills and their application in clinical settings.
- Oral Presentations and Practical Exams: Assessing verbal communication skills and ability to interact with patients and colleagues.
- Simulated Patient Encounters: Observing and grading students' performance in simulated clinical scenarios.

b. **Indirect Assessment Tools**

- Surveys and Questionnaires: Gathering feedback from students, faculty, and patients about the effectiveness of the training program.
- Focus Groups and Interviews: Conducting discussions with stakeholders to identify areas for improvement.

Continuous Improvement

In order to guarantee that the curriculum instructional strategies and assessment instruments are consistently modified in response to input and evaluation outcomes the OBE framework incorporates a continuous improvement process. The implementation of an iterative process aids in upholding elevated standards of education and guarantees that graduates are adequately equipped for their respective professional capacities. The OBE model for medical consultation training offers a thorough framework to guarantee that medical students acquire the language competency and communication skills needed for efficient patient care. This model fosters lifelong learning and professional development while preparing students for the demands of

medical practice through its emphasis on predetermined benchmarks and continuous improvement.

Research Design

An OBE framework will be used to thoroughly assess medical students perceptions and proficiency levels with regard to medical consultation training through the use of a mixed-methods research design. With the help of this design the research problem can be understood holistically by combining quantitative and qualitative methods.

Participants

Sixty (Shalamar Medical and Dental College medical) students participated in the study. To guarantee representation across the various study years the participants chosen through stratified random sampling (1st year to 5th year).

Data Collection Methods

1. **Quantitative Data Collection:**

Survey Questionnaires:

- **Self-Assessment and Perception Questionnaire:** On the basis of the predetermined OBE benchmarks for medical consultation skills a structured questionnaire will be created. The survey will have Likert-scale questions (e. g. G. 1 to 5 with 1 denoting strong disagreement and 5 denoting strong agreement) to gauge students self-reported levels of competence in a range of consultation skills including building and sustaining relationships active listening effective communication language proficiency nonverbal communication cultural competence interprofessional communication feedback and reflection. To find out how the current medical consultation training is perceived by students another part of structured questionnaire has created. The efficacy applicability and alignment of the training with the OBE framework also evaluated using Likert-scale items.

2. **Qualitative Data Collection:**

- **Focus Group Discussions (FGDs):** FGDs will be carried out with chosen participants from various academic years in order to acquire deeper insights into students' perceptions and experiences. The present training programs advantages and disadvantages particular difficulties encountered and recommendations for enhancement will all be covered in these talks.
- **In-depth Interviews:** In order to investigate the qualitative aspects of the training program and its conformity with OBE principles further semi-structured interviews are carried out with a smaller group of students and faculty members participating in the consultation training.

Data Analysis

1. **Quantitative Analysis:**

- **Descriptive Statistics:** Mean, standard deviation, and frequency distributions will be used to summarize the self-assessed proficiency levels and perceptions of medical students.

2. **Inferential Statistics:** T-tests and ANOVA employed to compare perceptions and competency levels among various groups (e. g. academic year 1 to 5). The associations between self-assessed competency levels and opinions of the training will be investigated using correlation analysis.

Qualitative Analysis:

Thematic Analysis:

Data from FGDs and interviews will be transcribed and analyzed thematically. Codes will be generated from the data, and themes will be identified to provide a comprehensive understanding of students' perceptions and experiences.

Ethical Considerations

- **Informed Consent:** Participants will be informed about the purpose of the study, their rights, and the confidentiality of their responses. Written informed consent will be obtained from all participants.
- **Confidentiality:** All data collected will be kept confidential, and participants' identities will be anonymized in the reporting of results.
- **Voluntary Participation:** Participation in the study will be entirely voluntary, and participants can withdraw from the study at any time without any consequences.

Instruments

- **Self-Assessment and Perception Questionnaires:** Developed based on OBE benchmarks and existing literature on medical consultation skills and training.
- **Focus Group and Interview Guides:** Structured around key themes related to the research questions and objectives.

By using this methodology, the effectiveness of clinical consultation training for medical students will be thoroughly assessed within an OBE framework offering both quantitative and qualitative insights into perceptions and proficiency levels.

Limitations: The study may be limited by the sample size and the specific context of Shalamar Medical and Dental College, Lahore, which may affect the generalizability of the findings.

Findings and Results

Participants

The study involved 60 medical students and 20 teachers from Shalamar Medical and Dental College, Lahore, selected using stratified random sampling. Participants were divided into groups based on their year of study (1st year to final year).

Quantitative Analysis

Self-Assessed Proficiency Levels

The self-assessed proficiency levels of medical students in medical consultation skills were measured using a structured questionnaire based on predefined OBE benchmarks.

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Table 1: Descriptive Statistics of Self-Assessed Proficiency Levels

Skill	Mean	Standard Deviation	Minimum	Maximum
Establishing Rapport	4.2	0.5	3	5
Active Listening	3.8	0.7	2	5
Effective Communication	3.9	0.6	2	5
Language Proficiency	3.7	0.8	1	5
Non-verbal Communication	3.6	0.7	2	5
Cultural Competence	3.5	0.6	2	5
Intraprofessional Communication	3.9	0.7	2	5
Feedback and Reflection	4.0	0.6	2	5

From Table 1, it can be seen that students rated their proficiency highest in establishing rapport (Mean = 4.2) and feedback and reflection (Mean = 4.0), while cultural competence was rated the lowest (Mean = 3.5).

- **Mean (M)**: The mean represents the average self-assessed proficiency level for each skill. For example, the mean score of 4.2 for 'Establishing Rapport' indicates that, on average, students rated their ability to establish rapport with patients quite high, close to 'very proficient' on the scale used.
- **Standard Deviation (SD)**: The standard deviation indicates the variability of responses. A lower SD (e.g., 0.5 for 'Establishing Rapport') suggests that most students rated their proficiency similarly, whereas a higher SD (e.g., 0.8 for 'Language Proficiency') indicates more varied responses.
- **Minimum and Maximum**: These values show the range of responses. For 'Establishing Rapport,' scores ranged from 3 (moderate proficiency) to 5 (very proficient). For 'Language Proficiency,' the range was 1 (not proficient) to 5 (very proficient), indicating a wider variation in self-assessed proficiency.

Inferential Statistics

To compare proficiency levels across different years of study, ANOVA was performed.

Table 2: ANOVA Results for Self-Assessed Proficiency Levels Across Years

Skill	F-value	p-value
Establishing Rapport	2.45	0.049
Active Listening	1.89	0.091
Effective Communication	2.67	0.036
Language Proficiency	2.12	0.058
Non-verbal Communication	1.75	0.123
Cultural Competence	1.98	0.082
Intraprofessional Communication	2.52	0.044
Feedback and Reflection	2.85	0.029

The ANOVA results indicate significant differences in the self-assessed proficiency levels for establishing rapport, effective communication, intraprofessional communication, and feedback and reflection across different years of study.

- **F-value**: The F-value indicates the ratio of variance between groups (different years of study) to the variance within groups. A higher F-value suggests greater differences between groups.

 p-value: The p-value indicates the significance of the results. A p-value less than 0.05 (e.g., for 'Establishing Rapport,' 'Effective Communication,' 'Intraprofessional Communication,' and 'Feedback and Reflection') suggests that the differences in self-assessed proficiency levels across different years of study are statistically significant.

Perceptions of Communication Training

Students' perceptions of the current medical consultation training were assessed using a perception questionnaire.

Table 3: Descriptive Statistics of Perceptions of Communication Training

Perception Item	Mean	Standard Deviation
Relevance of Training	4.1	0.6
Alignment with OBE Framework	3.9	0.7
Effectiveness of Training Methods	3.8	0.7
Applicability in Clinical Practice	3.7	0.8
Satisfaction with Training	3.9	0.6

From Table 3, it can be seen that students rated the relevance of the training highest (Mean = 4.1) and the applicability in clinical practice lowest (Mean = 3.7).

 Mean (M): The mean score for each perception item shows the average rating given by students. For example, a mean score of 4.1 for 'Relevance of Training' indicates that students generally find the training highly relevant.

 Standard Deviation (SD): The standard deviation indicates the variability of responses. A lower SD (e.g., 0.6 for 'Relevance of Training') suggests that most students rated the training similarly, whereas a higher SD (e.g., 0.8 for 'Applicability in Clinical Practice') indicates more varied responses.

Inferential Statistics

To examine relationships between self-assessed proficiency levels and perceptions of training, correlation analysis was conducted.

Table 4: Correlation between Self-Assessed Proficiency and Perceptions

Skill	Correlation with Relevance	Correlation with Effectiveness	Correlation with Applicability
Establishing Rapport	0.45	0.43	0.47
Active Listening	0.41	0.40	0.42
Effective Communication	0.48	0.46	0.49
Language Proficiency	0.39	0.37	0.40
Non-verbal Communication	0.42	0.41	0.44
Cultural Competence	0.37	0.35	0.38
Intraprofessional Communication	0.46	0.44	0.47
Feedback and Reflection	0.49	0.47	0.50

The correlation analysis in Table 4 shows moderate to strong positive correlations between self-assessed proficiency levels and perceptions of the training's relevance, effectiveness, and applicability.

Correlation Coefficient (r): The correlation coefficient measures the strength and direction of the relationship between two variables. A positive correlation indicates that as one variable increases, the other also tends to increase. For example, the correlation of 0.48 between 'Effective Communication' and 'Relevance of Training' suggests a moderate positive relationship, meaning that students who rate their effective communication skills higher also tend to perceive the training as more relevant.

Qualitative Analysis

Focus Group Discussions (FGDs)

Themes Identified:

Training Relevance and Practical Application:

Students highlighted the relevance of communication training but pointed out that practical application in real clinical settings is limited. Students emphasized the importance of practical training in real clinical settings. One participant mentioned, "While theoretical knowledge is important, nothing compares to the experience of interacting with real patients. Our training should include more hands-on sessions."

Students Responses: "We learn a lot about communication in theory, but we rarely get to practice it with real patients."

Another student suggested implementing regular simulated patient interactions, which could provide a safe environment to practice without the pressure of actual clinical settings.

Effectiveness of Teaching Methods:

Interactive sessions and role-playing were appreciated, but there was a call for more frequent and diverse practical exercises.

Students Response: "Role-playing helps, but we need more simulated patient interactions to feel confident."

Cultural Competence:

Students expressed a need for more training on cultural competence, especially given Lahore's diverse patient population. Students acknowledged the diversity of patient backgrounds and the need for cultural competence in consultations.

Students Responses: "We need to be better prepared to deal with patients from different cultural backgrounds."

One student shared, "We often encounter patients from different linguistic and cultural backgrounds. Understanding their perspectives is essential for effective communication."

Feedback and Reflection:

- Although they recommended additional chances for self-reflection and more individualized input, students appreciated the feedback sessions. Remarkable feedback systems were emphasized as essential for developing skills. A participant remarked, "Constructive feedback from faculty helps us understand our weaknesses and improve." Nonetheless, in order to support ongoing development, curricular inclusion should include organized reflection periods."
- Student Responses: "While feedback is wonderful, there are instances when it seems overly general. More specific feedback would aid in our improvement.

- Other students suggested setting up time for reflection following practical sessions so they could talk about what went well and what still needs work, encouraging a culture of self-evaluation and peer criticism.

Curriculum Integration

Everyone agreed that teaching communication skills should be included into the medical curriculum rather being taught as stand-alone courses.

Students Responses: A participant noted "Communication skills should be woven into all subjects, not just taught separately".

As mentioned by other students, "These skills can be continuously developed and assessed by incorporating communication objectives into their classes and clinical rotations."

In-Depth Interviews

A detailed picture of the current situation of medical consultation training was obtained along with insightful suggestions for enhancement through extensive interviews with faculty members.

Faculty Perspective on Training Needs

Need for Patient-Centered Training

Teachers emphasized the need for a change in focus from purely academic knowledge to more patient-centered practical training. There is a lot of theory in our curriculum right now according to a senior faculty member. More real-world scenarios must be presented to students in order to enhance their capacity to interact with patients. Students may gain practical experience by participating in community-based projects that give them the chance to interact with patients in a variety of settings.

Importance of Continuous Assessment

The necessity of continuous assessment was emphasized as a means of tracking progress and identifying areas in need of enhancement. A lecturer stated Regular assessment administration helps us better understand students' strengths and weaknesses. We want to move away from solely relying on summative exams and toward more formative assessments. Performing frequent mini-assessments can provide opportunities for ongoing feedback and development over the course of the academic year.

Tailored Feedback Mechanisms

It was decided that efficient feedback systems were necessary for students' growth. One faculty member advised, "Feedback should be precise and practical, we must provide guidance on how to improve rather than just telling kids how well or poorly they performed." Learning results can be improved by instituting organised feedback sessions where students can obtain individualised, in-depth feedback following practical assessments.

Faculty Development Programs

A significant problem that requires attention was noted as faculty development. As an experienced faculty member pointed out, "We need to train our teachers as well in order to teach communication skills properly. Faculty members can enhance their teaching strategies by attending regular seminars and training sessions." To make sure teachers are prepared to instruct pupils, faculty development seminars on the newest communication teaching methodologies and evaluation methods should be planned.

Use of Simulation in Training

It was mentioned that using simulation in training is a great way to improve communication abilities. "Simulation labs offer a controlled environment where students can practice without fear of harming patients, It was a fantastic method to increase expertise and confidence" a faculty member stated. In a safe environment, more simulated patient interactions—such as role-playing situations and the use of standardized patients—can offer hands-on training.

Cultural Sensitivity Training

Teachers highlighted the value of cultural sensitivity education in preparing students for a range of patient encounters. A teacher said, "Understanding cultural nuances is essential in a multicultural society, Cultural awareness must be incorporated into our curriculum." Including courses on cultural competency and pushing students to pick up regional tongues and languages will improve their capacity to interact with patients from a variety of backgrounds.

Integration of Communication Skills Across Curriculum

There was agreement that communication skills training should be integrated across all courses rather being treated as a separate curriculum. A senior professor stated, "Communication skills are essential in all aspects of medical practice. They should be taught and assessed in all courses." Including communication objectives in clinical rotations, theoretical lectures, and laboratory sessions can help guarantee that these abilities are constantly cultivated and tested throughout the medical programme.

Student-Driven Learning

A method used to boost participation and interest with learning was to promote student-driven learning. One of the faculty members said “Students ought to be motivated to take charge of their education. Peer education and introspection could be very powerful tools”. Self-reflection diaries and peer-teaching sessions can be used to encourage students to participate in active learning and self-evaluation.

Faculty Perspective on OBE Implementation

Alignment with OBE Principles

The significance and efficacy of aligning training with Outcome-Based Education (OBE) principles were underscored by the faculty members. According to a senior teacher “OBE offers a clear framework for what we want our students to achieve”. It is imperative that our assessments and curriculum align with these goals. Revisions to the curriculum and assessment techniques can help the program adhere to OBE principles by improving the quantification of the desired outcomes.

Measuring Practical Skills

It was emphasized that reliable assessment tools were needed to determine practical abilities. We want our tests to fairly represent students’ performance in real-world scenarios a faculty member said. Instruments that reliably evaluate practical skills must be developed. By developing and implementing Objective Structured Clinical Examinations (OSCEs) that prioritize communication skills it is possible to obtain a more precise evaluation of students’ practical abilities.

Student Feedback on Training

It was determined that student feedback was essential to the continuous improvement of training programs. A faculty member expressed “Students viewpoints are important for gauging the success of our training initiatives and regular feedback can help us make the necessary

adjustments". By routinely conducting focus groups and surveys to gather feedback from students the training program could be enhanced. The curriculum could then be modified based on the information gathered.

Resource Allocation

It was found that having adequate resources was necessary for the training initiatives to be implemented successfully. A member of the teaching staff stated "We need to allocate sufficient resources including time faculty and facilities to ensure our training programs are effective". Effective implementation of communication skills training may be achieved through the provision of appropriate training materials, hiring additional teachers, and funding for simulation facilities.

Interdisciplinary Collaboration

Encouraging interdisciplinary collaboration was seen as a way to improve communication skills. A faculty member stated, "Collaboration of SMDC with other departments like Shalamar Nursing College and Shalamar School of Allied Health Sciences can provide a more comprehensive education. Interdisciplinary education can help students understand the importance of communication in a variety of situations". Collaboration between medical, nursing, and other healthcare students promotes greater understanding of clinical communication.

Longitudinal Tracking of Student Progress

The significance of longitudinal tracking for student progress was emphasized. All of our professors acknowledge that, "We need to be able to identify student growth longitudinally in order for us accurately measure the effectiveness of programs throughout a clinical training" Such studies may offer critical feedback of longitudinal nature. Such a system can be used to evaluate the efficacy of training programs and guide curricular enhancement efforts by tracking graduating student progress in communication skills abilities over their entire time as students, demonstrating how expansion to encompass oral language proficiency would add diagnostic value.By focusing on these crucial aspects, Shalamar Medical and Dental College can improve their medical consultation training program; ensuring students are well-prepared for successful patient interactions and ultimately enhancing healthcare outcomes.

Table 5: Summary of Thematic Analysis

Theme	Sub-themes	Students Responses
Training Relevance and Application	Limited practical application, need for more real-life practice	"We learn a lot about communication in theory, but we rarely get to practice it with real patients."
Effectiveness of Teaching Methods	Appreciation for interactive methods, need for more practical exercises	"Role-playing helps, but we need more simulated patient interactions to feel confident."
Cultural Competence	Need for more training on cultural competence	"We need to be better prepared to deal with patients from different cultural backgrounds."
Feedback and Reflection	Value of feedback sessions, need for more personalized feedback	"Feedback is great, but sometimes it feels too generic. More specific feedback would help us improve."

Alignment with OBE Principles	Importance of OBE, challenges in implementation	"We aim to follow OBE principles, but integrating them into our existing curriculum is a work in progress."
Challenges in Training Delivery	Time constraints, lack of resources	"We have limited time to cover communication skills extensively. More resources would allow us to offer better training."

Conclusion:

The data analysis reveals that medical students at Shalamar Medical and Dental College, Lahore, generally perceive their proficiency in medical consultation skills as high, particularly in establishing rapport and feedback and reflection. However, there is significant variation in perceived proficiency levels, especially in language proficiency and cultural competence.

The perceptions of communication training indicate a high relevance and satisfaction with the training, although there are concerns about the practical applicability of the skills in real clinical settings. The ANOVA results suggest that proficiency levels vary significantly across different years of study for several skills, highlighting the need for consistent training throughout the medical education program. The correlation analysis indicates that students who rate their proficiency higher also tend to have more positive perceptions of the training's relevance, effectiveness, and applicability. These findings suggest that while the current communication training is effective to some extent, there is room for improvement, particularly in providing more practical exercises and personalized feedback. Enhancing the focus on cultural competence and ensuring consistent training across all years can further improve the efficacy of the program, better preparing students for effective medical consultations in diverse healthcare settings.

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